

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further con indicated unless corrected in maintenance fee notification	rrespondence including the libelow or directed otherwise ns.	Patent, advance ord in Block 1, by (a)	ers and noti specifying	ification a new co	of maintenance fees orrespondence addres	ss; and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for
O01444 7590 02/08/2006 BROWDY AND NEIMARK, P.L.L.C. 624 NINTH STREET, NW SUITE 300					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
WASHINGTON, I	OC 20001-5303	ATTE -	HAREMAS	7			(Depositor's name)
		WIT.	1				(Signature)
							(Date)
APPLICATION NO.	FILING DATE	F	FIRST NAMED INVENTOR		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/821,965	10/821,965 04/12/2004		Toshiaki Kawachi		KAWACHI5	2082	
TITLE OF INVENTION: S	LIDE MEMBER					*	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	FEE ,		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO .	\$1400		_	\$300	\$1700	05/08/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS] .	
ZIMMERMAN, JOHN J		1775			428-642000		
I. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BROWDY AND NEIMARK, PLLC						
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN DAIDO METAL CO	EE OMPANY LTD.	clow, no assignee d of this form is NOT	ata will app a substitute (B) RESIDE	ear on the for filing NCE: (C	ne patent. If an assig an assignment. CITY and STATE OR Ya, JAPAN ⁰⁴ .	/26/2006 MBEYEHE2 0000 FU:1501	0011 10821965
Please check the appropriate	e assignee category or catego	ries (will not be prin	nted on the p	atent):	Individual N	Corporation or other private gr	oup entity Ugovernment
4b. Payment of Fee(s): Sisue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number OZ - 4055 Centles an extra copy of this form).							
	(from status indicated above	·					
• •	MALL ENTITY status. See is requested to apply the lsst bublication. Fee (if required) words of the United States Part					ALL ENTITY status. See 37 C sly paid issue fee to the applica gistered attorney or agent; or to	
Authorized Signature	Much	Leur	and	>		eps. 24, 2 No. 20,520	006
	SHERIDAN				Registration	No. 20,520	
on combination ('contidential	the ic concerned by 15 II ST	177 and 47 (FR)	14 I his col	IPCTION 1	e ectimated to take 17	the public which is to file (an 2 minutes to complete, including comments on the amount of tight d Trademark Office, U.S. Dep SS. SEND TO: Commissioner	ng gainering nrenaring ang

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.